

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	1
2	1						52	1
3	1						53	1
4	1						54	1
5		4					55	1
6		4					56	
7		4					57	
8		4					58	
9		3					59	
10		2					60	
11		2					61	
12		2					62	
13		4					63	
14		4					64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32	1						82	
33		1					83	
34		1					84	
35		1					85	
36		1					86	
37		1					87	
38	1						88	
39		1					89	
40		1					90	
41		1					91	
42		1					92	
43		1					93	
44	1						94	
45		1					95	
46		1					96	
47		1					97	
48		1					98	
49		1					99	
50	1						100	
TOTAL IND.							TOTAL IND.	8
TOTAL DEP.							TOTAL DEP.	53
TOTAL CLAIMS							TOTAL CLAIMS	61